

FORM
5Rev
02/08

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

2586682

DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type ☐ Final completion ☒ Preliminary completion

1. OGCC Operator Number: 96850

4. Contact Name: JENN MENDOZA

2. Name of Operator: WILLIAMS PRODUCTION RMT COMPANY LLC

Phone: (303) 260-4533

3. Address: 1001 17TH STREET - SUITE #1200

Fax: (303) 629-8285

City: DENVER State: CO Zip: 80202

5. API Number 05-103-11776-00

6. County: RIO BLANCO

7. Well Name: Federal RG

Well Number: 334-14-298

8. Location: QtrQtr: NESW Section: 14 Township: 2S Range: 98W Meridian: 6

Footage at surface: Distance: 1459 feet Direction: FSL Distance: 1734 feet Direction: FWL

As Drilled Latitude: 39.873626 As Drilled Longitude: -108.363539

GPS Data:

Data of Measurement: PDOP Reading: 1.0 GPS Instrument Operator's Name: T.MORLEY

** If directional footage at Top of Prod. Zone Dist.: 1716 feet. Direction: FSL Dist.: 1938 feet. Direction: FEL

Sec: Twp: Rng:

** If directional footage at Bottom Hole Dist.: 1188 feet. Direction: FSL Dist.: 1944 feet. Direction: FEL

Sec: 14 Twp: 2S Rng: 98W

9. Field Name: SULPHUR CREEK

10. Field Number: 80090

11. Federal, Indian or State Lease Number: COC66586

12. Spud Date: (when the 1st bit hit the dirt) 03/29/2011 13. Date TD: 05/14/2011 14. Date Casing Set or D&A: 05/15/2011

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 11180 TVD** 11000 17 Plug Back Total Depth MD TVD**

18. Elevations GR 6598 KB 6620

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:

CBL AND RPM

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	24+1/8			48	80	135	0	80	VISU
SURF	14+3/4	9+5/8		0	3,281	1,492	0	3,281	VISU
1ST	7+7/8	4+1/2		0	11,167	1,339	4,720	11,167	CBL

ADDITIONAL CEMENT

Cement work date: _____

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
MESAVERDE	6,703		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	9,513		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	9,933		<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	10,068		<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	10,293		<input type="checkbox"/>	<input type="checkbox"/>	
SEGO	10,903		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: JENN MENDOZA

Title: PERMIT TECH II Date: 6/6/2011 Email: JENN.MENDOZA@WILLIAMS.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2586684	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
2586683	Directional Survey **	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	DST Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Logs	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
2586682	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)